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Docket No.: 116807

APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that
I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor

			claimed and for which a patent is soug COMMUNICATIONS SYSTEMS AND			
described and cla	imed in the specification:					
Check one	•					
*a. (b. (attached hereto. filed on as App	elication No and ame	anded on (if applicable).			
	y state that I have review amendment referred to ab		ntents of the above-identified specificat	ion, including the claims, as		
	rwiedge the duty to discleral Regulations, §1.56.	ose to the Office all informa	ation known to me to be material to pat	entability as defined in Title		
Under	Title 35, U.S. Code §11		ne following foreign application(s) and/ in one year prior to this application are b			
States of America		e year prior to this applicati	cate on this invention were filed in co on, or (b) before the filing date of the a			
	y appoint the following transact all business in t		d with full power of substitution and	revocation to prosecute this		
			liam P. Berridge, Reg. No. 30,024;			
	Kirk M. F	Indson, Reg. No. 27,562; T	homas J. Pardini, Reg. No. 30,411;			
			Robert A. Miller, Reg. No. 32,771; 5; Stephen J. Roe, Reg. No. 34,463;			
			ristopher W. Brown, Reg. No. 38,025:	4		
	Richard		Paul Tsou, Reg. No. 37,956; and			
		Eric D. Morehouse	, Keg. No. 38,505.	•		
		ECTION WITH THIS AI VIRGINIA 22320, TELE	PPLICATION SHOULD BE SENT 1 PHONE (703) 836-6400.	O OLIFF & BERRIDGE,		
own knowledge a were made with t	are true and that all state the knowledge that willfu Litte 18 of the United Sta	ments made on information il false statements and the l	ntents of this Declaration, and that all st and belief are believed to be true; and ike so made are punishable by fine or i ful false statements may jeopardize the	further that these statements imprisonment, or both, under		
Typewritten I			_			
of First or So	le Inventor	Thomas	E. Middle Initial	Mullan Family Name		
**Inventor's	Signature:	Thore /	Wilde Initial	ramuy Name		
**Date of Sig	nature:	September	10	2003		
Desidence		Month	Day	Year		
Residence:		mold	Maryland	USA		
Citizenship:	<u>U.S.</u>	City	State or Province	Country		
-	Post Office Address:	160.5				
	(Insert complete mailing address,	160 Creek Water Lane				
	including country)	Arnold, Maryland				
*If Box (a.) is ch **Note to Invento	ecked, this form may be or: Please sign name exac	executed only when attache thy as it appears above and it	d to the specification (including claims) nsort actual date of signing.	•		

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

	n Full Name		William	н, .	Mochen III
of Second Joint Inventor (if any)			Giver Name	Middle Initial	Mosberg, III Family Name
2 **Inventor's Signature:			111: 71.31	should	<u> </u>
**Date of Signature:			9 '	(10	2003
			Month	Day	Year
		Amold		Maryland	USA
	***	City		State or Province	Country
Citizenship:	U.S.				
	Post Office A		544 Bay Green Drive		
	(Insert complements) mailing addre		344 Bay Cloth Drive		
	including cou		Arnold, Maryland		
Tunavaitte	_	•			
\ Typewritten Full Name of Third Joint Inventor (if any)			Bruce	P.	Miller
	13 22		Given Name	Middle Initial	Family Name
	's Signature:		Blue	un	
3 **Date of	Signature:		10 Safgantin	1 2003	
			Month	Day	Year
Residence: Ann		Annapoli	9	Maryland_	USA
		City		State or Province	Country
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		Post Office Address: (Insert complete 543 Pinedale Drive			
		mailing address,			
	including cou	ntry)	Annapolis, Maryland		
Typewritte	n Full Name			_	
of Fourth Joint Inventor (if any)			Stoven	L	Нол
			Given Name 2	Middle Initial	Family Name
**Inventor **Date of	d's Signature:	-	Mas Z	<u> </u>	
Date Of	Signaturo.		Month	Desir.	Year
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Residence:		Millersvil	<u>le</u>	Maryland	USA
		City		State or Province	Country
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	Post Office Ad	idress:			
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	including cou	nuy)	Millersville, Maryland	21108	
	n Full Name				
of Fifth Joint Inv	entor (if any)		Char No.	1820 7 10 1	P. 2.2
2 **Inventor	's Signature:		Given Name	Middle Initial	Family Name
**Date of					····
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Note to Turne	_	• •	as it annears and invert	the actual date of signing.	

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.